GASTON COUNTY EXTENSION & COMMUNITY ASSOCIATION (ECA) MEMORIAL SCHOLARSHIP 2020
Gaston Co. High School Senior - APPLICATION

Instructions: Please read and answer all questions with complete information. Applications should be submitted along with reference letters and academic transcripts.

APPLICANT PERSONAL INFORMATION

Name: __________________________________________________________________________
  First                      Middle                      Last
Address: ____________________________________________________________
  Street
  City                          State                         Zip Code
Phone Number: __________________________ Email Address: __________________________
Date of Birth: ______________________
Please list the college or university that you are applying to attend in the Fall:
Institution Name: _____________________________________________________________
  City, State: _________________________________________________________________
Have you been accepted by this institution at this time? YES ☐ or NO ☐
Major of Study ________________________________________________________________
Career Objective ______________________________________________________________
Please explain why you are choosing to attend this college/university? _____________________
______________________________________________________________________________
______________________________________________________________________________
List all high schools and any post secondary schools (i.e., Gaston College) that you have attended as follows:
Name of School                     City/State                     Dates Attended
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
PARENT/GUARDIAN INFORMATION

Parent/Legal Guardian Name: _____________________________________________________
Address: _________________________________________________________________
Street
City      State    Zip Code
Occupation:_________________________________________________________________

Parent/Legal Guardian Name: _____________________________________________________
Address: _________________________________________________________________
Street
City      State    Zip Code
Occupation:_________________________________________________________________

Do you have brothers and/or sisters? YES □ or NO □
If yes, how many are living at home?_______ How many currently in college?_______
Where are they attending college?___________________________________________
Name of Institution

City, State

FAMILY/GUARDIAN FINANCIAL INFORMATION

Do your parents own property?  YES □ or NO □
If yes, please list the approximate value of property:
Personal property value: ____________ Business property value: ________________

Approximate family income per year (Check one):
□ Below $25,000        □ $ 40,000 - $60,000        □ $80,000 - $100,000
□ $25,000 - $40,000    □ $60,000 - $80,000        □ Above $100,000

(Copy of previous year tax return)

APPLICANT’S FINANCIAL INFORMATION

Have you received any scholarships and/or grants to assist with your college expenses?
YES □ or NO □
If yes, please provide the following information:
Name of Scholarship/Grant | Amount Awarded
---|---

How do you plan to finance the balance of your college expenses? (Check all that apply:)
- Educational loans
- Educational grants
- Other: _______________________
- Other: _______________________

Please list your estimated expenses for the Fall 2020 – Spring 2021 year:
Tuition: _______________________
Room/Board: ____________________
Other: _________________________

Please provide any additional financial information that will be useful to the scholarship committee in reviewing your application:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

EXTRACURRICULAR ACTIVITIES
List all activities in the community, church, or school, which have been meaningful to you.

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<th>Activity</th>
<th>Description</th>
<th>Dates</th>
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List all honors and special achievements (community, school, church, etc.) you have received:

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<th>Honor/Achievement</th>
<th>Description</th>
<th>Dates</th>
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List all *offices or elected/appointed positions* in which you have served (community, church, school, etc.)

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<th>Organization</th>
<th>Dates</th>
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Employment present and previous (employer and number hours worked per week)

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<th>Location</th>
<th>Avg. Number Hrs. Worked Weekly</th>
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Hobbies and special interests:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

**PERSONAL LETTERS OF REFERENCE**

Instructions: Please provide names and addresses of three individuals who will be submitting recommendations on your behalf:

1. __________________________________________________________________________
2. __________________________________________________________________________
3. __________________________________________________________________________

*Applicants should request that reference letters be returned to them in a sealed envelope. Please ask the individual providing the referral to seal the envelope and place their signature over the seal. All three envelopes are to be submitted with your application packet.*

**TRANSCRIPTS**

Attach all *official academic transcripts* from high school and post secondary schools attended.

*(Applicants should request that academic transcripts be returned to them in a sealed and signed envelope. Please ask the individual providing the transcript to seal the envelope and place their signature over the seal.)*
APPLICANTS STATEMENT
Instructions: Please describe, in your own handwriting, your educational goals and career ambitions:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
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Do you have an Extension and Community Association (ECA) member in your family?
YES ☑ or NO ☐

If yes, give the following information:

Name of ECA Member____________________________________________________
Name of ECA Club _______________________________________________________
Relationship to Applicant ________________________________________________

I hereby certify that the information provided here is complete and accurate. I understand that falsifying or withholding information in completing this application constitutes grounds for immediate withdrawal of my application from further consideration.

Applicant’s Signature_________________________________________Date:__________
Parent/Guardian Signature____________________________________Date:__________

*Reminder of items to return as part of application packet:
• Completed scholarship application
• Copy of previous year federal income tax return (Social Security numbers may be blacked out)
• 3 reference letters (in sealed, signed envelopes)
• Official transcripts (in sealed, signed envelopes)

INSTRUCTIONS TO SUBMIT APPLICATION

This application and all required documents must be received or postmarked no later than Thursday, April 2, 2020. Applications can be mailed, emailed, or dropped off as follows:

• MAIL: Mail to Lucile Tatum Extension Center, 959 Osceola St., Gastonia, NC 28054
• EMAIL: Email to Pam Bryson, ECA Liaison at pam.bryson@gastongov.com
• DROP OFF: Drop off at the Lucile Tatum Extension Center located at 959 Osceola St., Gastonia, NC 28054 between the hours of 8:30am – 11:30am and 1:00pm – 4:30pm Monday through Friday. Please note the building is closed from 12-1PM.

CONTACT INFORMATION:
Pam Bryson
Gaston County ECA Liaison
Phone: 704.865.3291
Email: pam.bryson@gastongov.com